

Role of the speech and language therapist with bilingual children



1. Identify difference from disorder	This means recognising the difference between core, central disorders which affect both/all languages, and the normal, unconcerning effects of acquiring two or more languages. In order to do this, speech and language therapists should be familiar with concepts relating to normal bilingual speech and language development and develop skills and knowledge around working with bilingual families through Continuing Professional Development (CPD) activities.
2. Provide all aspects of the care pathway in the home language(s) to address speech, language and communication disorders, and feeding and swallowing disorders.	a. All aspects of care should be provided in home language. This includes telephone triage, assessment and therapy/intervention. Referrals should have a section to indicate the home language(s) and efforts should be made to verify which language and specific dialect is required before the family attend. This may include using a telephone interpreter service to contact the family and check this information. Providing care exclusively in the majority language or language of education (such as English, Welsh or Gaelic) will have multiple negative effects of the outcome for clients/patients, unless this is specifically requested by the client/carer and parent(s)/carer, and where the family is aware of the effects of only using the language of education. b. On a basic level, families require interpreters who are able to support them in order to understand the highly complex terminology and concepts relating to their child's difficulties. Families with basic majority language skills can often 'get by' in day-to-day circumstances, only to experience severe difficulties when trying to understand their child's needs. To fail to provide home language support risks uninformed consent and poor outcomes for the child. c. Other negative outcomes of a majority language only approach include failure to resolve difficulties in the home language and increasing the likelihood of the loss of the home language through the promotion of the majority language as the 'correct' and only acceptable form of communication. It is recognised, for example, that treatment of phonological disorders in English does not generalise to the child's home language.
3. Advise parents, carers and the multi-professional team on bilingualism	Advise as well on how to support families to address their child's needs without risking the loss of the home language.

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4. Advise parents, carers and other professionals on the negative consequences for the child of abandoning the home language in favour of the majority language (typically English, Welsh or Gaelic).	Parent(s) and carers should never be advised to abandon home language in favour of the majority language (typically English, Welsh or Gaelic) under any circumstances. Such an approach is not supported by the evidence base and leads to poor speech, language and communication outcomes for the child, and poor social outcomes for the child, family and wider community.
5. Speech and language therapy leaders (managers, team leads, advisers) involved in designing services for local populations have a key role in promoting the needs of bilingual communities by advising commissioners and supporting their teams to deliver equitable services.	